|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For DLG Use Only** |  | **SAI Number** |  | **If a Project involves Water or Sewer Activities** |
|  **25-**  |  |  |  | WRIS Number  |

|  |
| --- |
| **PROJECT TITLE**       |

**APPLICANT**

|  |  |  |
| --- | --- | --- |
| Legal Applicant | CEO      | E-mail Address    |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code + 4      |
| Telephone Number | KY State Vendor Code      | Unique Entity ID       | Tax ID Number       | SAM Number       |

**APPLICANT’S LDA or SUBRECIPIENT- CHECK BOX IF A FAITH BASED ORGANIZATION** [ ]

|  |  |  |
| --- | --- | --- |
| Name      | CEO      | Email Address      |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code + 4      |
| Telephone Number | Ky Vendor Number      | Unique Entity ID      |

**PARTICIPATING PARTY CHECK BOX IF PARTICIPATING PARTY IS A FAITH BASED ORGANIZATION** [ ]

|  |  |  |
| --- | --- | --- |
| Name      | CEO      | Email Address      |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code + 4      |
| Telephone Number | Ky Vendor Number      | Unique Entity ID      |

**PREPARER**

|  |  |  |
| --- | --- | --- |
| Name      | Telephone Number      | FAX Number      |
| Organization      | E-mail Address      | Certified AdministratorYes [ ]  No [ ]  |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code + 4      |

|  |  |  |  |
| --- | --- | --- | --- |
| State House District      | State Senate District      | Congressional District      | Area Development District |



###### These forms are designed to obtain pertinent information, not lengthy narrative. Forms provided must be used and completed according to instructions. Instructions are given on the respective forms. Answer all questions--if a particular question is not pertinent to your project, insert N/A. Please type or print all information. No additional pages will be allowed unless noted on form. Attach and number all exhibits to correspond with the appropriate section. Retyped forms will be accepted; however, the same format must be followed and pages must be numbered.

For **Reimbursement** Activities the following materials shall constitute a complete application. **Please provide the page number for each item listed below on the line to the left:**

 Project Summary

 Project Funding Summary

 Cost Summary

 Attach CERF Reimbursement Spreadsheet and evidence of payment, including invoices

 Instructions: <https://kydlgweb.ky.gov/Documents/CDBG_cities/Instructions112310final.doc>

 Form: <https://kydlgweb.ky.gov/Documents/CDBG_cities/CERFprojectsummarysheet112310final.xls>

 Citizen Participation - tear sheet, signed public hearing minutes/handouts, sign-in sheet, and comments

 Please indicate which of the National Objectives, as stated in Section II of the Program Guidelines, that applies to this project:

LMI [ ]  (complete page 9) Slum\Blight [ ]  (complete page 10) Urgent Need [ ]  (complete page 11)

 *If using LMI per survey results, be sure to attach a copy of the LMI Worksheet*

[*https://kydlgweb.ky.gov/Documents/CDBG\_cities/AppendixBLMIWorksheetUpdated.xls*](https://kydlgweb.ky.gov/Documents/CDBG_cities/AppendixBLMIWorksheetUpdated.xls)

 Certification of Area Income Eligibility *(if applicable)*

 Person Benefit Profile

 [*https://kydlgweb.ky.gov/Documents/CDBG\_cities/BenefitProfilewithBudgetInfo.xls*](https://kydlgweb.ky.gov/Documents/CDBG_cities/BenefitProfilewithBudgetInfo.xls)

 Costs Explanation (page 14) – *Complete this page in addition to the CERF Reimbursement Spreadsheet*

 Housing and Community Development Needs

 Title VI Form

 Statement of Assurances

Documents to Attach *(if applicable)*:

 Authorizing Resolution adopted by the community’s governing body

 The Certification of Community Needs Having a Particular Urgency form

 Copy of the Declaration of Emergency signed by the Governor

 All Funding Commitment Letters: if cash please attach a bank statement, if loan please attach proof of ability to borrow funds *(if applicable)*

 Kentucky State Clearinghouse Endorsement, as stated in Section III of the 2019 CDBG Program Guidelines

 Letter of determination of eligibility for listing on the National Register of Historic Places from the Kentucky Heritage Council, and clearance from the State Historic Preservation Officer

 Applicant/Recipient Disclosure/Update Report (form HUD-2880)

 <https://www.hud.gov/sites/documents/2880.PDF>

 Attach a copy of the following Division of Water written approvals, if applicable to this project

 Water Infrastructure Branch (Planning Approval) [ ]

 Water Infrastructure Branch (Pre-Design Meeting)\* [ ]

 Engineering design and specifications approved\*\* [ ]

*\* These must be dated within 1 year of submission of this form*

*\*\*These must be dated within 2 years of submission of this form*

###### NOTE: Partial submissions will NOT be accepted!

**Please provide a detailed description of proposed project.**

|  |
| --- |
|       |

**FINANCING**

Include **all** funding amounts and sources. Please complete all appropriate columns and indicate the status of funds as “Approved”, “Applied For”, or “Committed”. In-kind contributions should be listed separately on the chart below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Source** | **Amount** | **Project %** | **Type** | **Rate** | **Term** | **Status of Funds** |
| CDBG |       |       |       |       |       |       |
| CDBG Admin/Planning |       |       |       |       |       |       |
| **Subtotal - CDBG** |  |  |  |  |  |  |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |
| **Total** |  |  |  |  |  |  |
|  |
| **Source of In-Kind Contributions** | **Estimated Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**APPLICATION CERTIFICATION**

I **certify** to the best of my knowledge and belief that the information provided herein is **true, complete, and accurate. I am aware that the provisions of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences** including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Section 3729-3730 and 3801-3812” Applies to all tiers of subrecipients. I also agree to comply with requirements of 24 CFR Part 58.

I am aware that the proposed project may be removed from further consideration should it be determined that there are significant discrepancies in the information provided, and/or false, inaccurate or incomplete information has been given.

Title

Signature, Chief Executive Officer

       Click or tap to enter a date.

Date

Name Typed

Attach a copy of the CERF Project Cost Summary. The CERF Project Cost Summary is included in an Excel spreadsheet named *Cost Summary.xls* and that file can be downloaded from the DLG web site ([*https://kydlgweb.ky.gov/Documents/CDBG\_cities/COSTSUMMARY2010.xls*](https://kydlgweb.ky.gov/Documents/CDBG_cities/COSTSUMMARY2010.xls)).

Replace this page with the completed Cost Summary for this application

**Cost Summary**

1. Enter the amount of CDBG funds requested for each activity identified in the "CDBG Funds" column.

2. Enter the amount(s) of other funds, i.e. RD, ARC, and FEMA, to be used for each activity in the "Other Funds" column. The source of these funds should be identified in the "Source" column. If more than one (1) "Other Source of Funds" is used for an activity, please identify the amounts and sources separately.

**Special Notes:**

* Each CDBG activity line item dollar amount must be rounded to the nearest $100.
* The total CDBG dollar amount must be rounded to the nearest $1,000.
* Do not include in-kind dollars on the Cost Summary. In-kind dollars are not considered as matching funds.
* Donated/contributed property value (based on appraised value) can be considered as matching funds. The appraised value and appraisal fees should be placed in the “other funds” column as an acquisition activity.
* Force account contributions are not considered as matching funds.
* Expenses related to property acquisition (i.e. legal fees, clear title, closing costs, …) should be placed in the acquisition line item.
* Total architectural/engineering, design and inspection services are based on total construction costs excluding contingencies. CDBG funding cannot exceed the RD fee schedule.
* No CDBG funds shall be used for contingencies.
* Service lines must be shown as a Rehabilitation Grant.
* Tap fees collected must be included in construction line items. These fees are not considered program income.

**Reminder:**  Include costs associated with the requirement for recipient to erect a project sign according to CDBG specifications.

**All projects must include the following information on their maps**:

Replace this page with the completed Maps for this application

a. Include map of the applicant's jurisdiction showing:

* boundaries of the entire jurisdiction;
* project's location within the jurisdiction;
* areas of minority concentration within the jurisdiction;

b. Include map of the applicant's project area(s). This map must be specific to the project area(s), **and must clearly delineate:**

* boundaries of the project area(s);
* land to be acquired;
* floodplain area;
* drainage problem area;
* highways and railroad lines proximate to the project area (indicate if railroad line is

 active or inactive).

 c. Project maps (Public Facilities) must also include *(if applicable)*:

* water and wastewater treatment plants within the jurisdiction
* proposed improvements including sizes/dimensions
* sizes/dimensions of existing facilities serving the project area(s)
* test sites
* deficient facilities
* each proposed line by numbering the line and providing number of customers to be served, and length of each proposed line

 d. Include a Census Tract map (s) showing the location of the proposed project. Census Tract Maps can be downloaded at <http://www.census.gov/>

**NOTE:** ECC requires the submission of a copy of a 7.5 minute USGS topographical map delineating these items. It is recommended that the project area map take this form.

1. Date of publication of notice of CDBG information to the public
2. Notice of first public hearing

Date of advertisement

Date of hearing

1. Describe the methods used to solicit participation of low and moderate income persons, such as posting notices at public buildings, radio ads, etc…

|  |
| --- |
|       |

1. Describe any adverse comments/complaints received and describe resolution.

|  |
| --- |
|       |

5. Attach to this form:

1. Tear sheet of all public notices
2. Signed Minutes of the public hearing(s) including lists of signatures from attendees, agendas, and handouts
3. Copy of response(s) to comment(s) and/or complaint(s)

In the first column, list each proposed CDBG activity that will benefit persons of Low and Moderate Income (LMI), exclude planning and administration activities. In the second column provide the applicable Code of Federal Regulations (CFR) citation for LMI benefit. In the third column, respond to the following for each activity. *(Attach additional pages if necessary)*

1. Identify source documentation for determining LMI benefit *(e.g. survey, census tract)*
2. Explain how each activity will benefit LMI individuals *((1)area benefit, (2)limited clientele, (3)housing, (4)job creation or retention)*
3. Provide description of survey method *(if applicable)*

|  |  |  |
| --- | --- | --- |
| **Cost Summary Activity Number** | **CFR****Citation** | **LMI Benefit** |
|       |       |       |

Describe how LMI information was assembled

|  |
| --- |
| Community wide [ ]  |
| Census tract/block area *[ ]  (list census tract numbers, attach copy of map and other documentation)* |
| Survey [ ]  |
| Other *(describe)*       [ ]  |

**Please Include the Following**

1. Attach Certification of Area Income Eligibility *(if surveys were conducted)*
2. Attach LMI Worksheets *(if applicable)*
3. Attach Sample Survey *(if applicable)*

Note: For CFR (LMI) determination, refer to the HUD Guide to National Objectives for State CDBG program

<http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide>

In the first column, list each proposed CDBG activity that will aid in the Prevention or Elimination of Slums and Blight), exclude planning and administration activities. In the second column provide the applicable Code of Federal Regulations (CFR) citation for slums or blight. In the third column, respond to the following for each activity. *(Attach additional pages if necessary)*

1) Explain and quantify the extent of deterioration of buildings or improvements

1. Explain how the **activity** meets Chapter 99 of Kentucky Revised Statutes (KRS) definition of slums or blight ((1) area basis, (2) spot basis) \*see note.
2. Source of documentation for slums or blight, i.e., pictures, SHPO consultation, etc.
3. Explanation of how this activity will eliminate or prevent slums or blighted conditions

\*To qualify on an **area basis**, activities assisted with CDBG funds must be limited to those that address one or more of the conditions that contributed to the deterioration of the area.

\*To qualify on a **spot basis**, the activity must be limited to one of the following: acquisition, clearance, relocation, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate specific conditions detrimental to public health and safety. Note: Health and safety conditions must be to the public in general.

|  |  |  |
| --- | --- | --- |
| **Cost Summary Activity Number** | **CFR****Citation** | **Prevention or Elimination of Slums or Blight** |
|       |       |       |

Note: For CFR (Slum/Blight) determination, refer to the HUD Guide to National Objectives for State CDBG program

<http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide>

In the first column, list each proposed CDBG activity that will address urgent needs. In the second column provide the applicable Code of Federal Regulations (CFR) citation for urgent needs. **In the third column, respond to the following for each activity to constitute a complete application.** *(Attach additional pages if necessary)*

1) When problem began

2) Other agencies approached for funding and response

1. Explain how the activity will completely solve the problem
2. Attach certification by chief executive officer

|  |  |  |
| --- | --- | --- |
| **Cost Summary Activity Number** | **CFR****Citation** | **Urgent Needs** |
|       |       |       |

Note: For CFR (Urgent Need) determination, refer to the HUD Guide to National Objectives for State CDBG program

<http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide>

***To be used by applicants using income surveys as the basis for proving LMI benefit***

 I certify that a household income survey was performed for the CDBG project area on       to determine the percentage of low and moderate income (LMI) residents. LMI determination was based on the      HUD income limits for      . A copy of the survey methodology (sample size and methodology, survey collection method, etc.) is included in the application as part of the Benefit to Low and Moderate Income form. A copy of the survey form used and the LMI worksheet are attached to this Certification.

 The survey was carried out in conformance with the 2019 Kentucky CDBG Program Guidelines. To the best of my knowledge, the results of the income survey are true and accurate reflection of current economic conditions in the activity service area.

Signature, Chief Executive Officer

 Date

#### Person Benefit Profile

Identify persons benefiting from the project and enter the number of **total beneficiaries** for all activities (exclude engineering, planning and administration). Individuals who receive benefit from more than one activity should not be double counted within the total. For each activity, persons must be identified by racial and ethnic background. **The individual themselves make this determination**.

[*https://kydlgweb.ky.gov/Documents/CDBG\_cities/BenefitProfilewithBudgetInfo.xls*](https://kydlgweb.ky.gov/Documents/CDBG_cities/BenefitProfilewithBudgetInfo.xls)

Replace this page with the completed Person Benefit Profile for this application

1. At the top of the page, list **total** number of beneficiaries for all activities.
2. List the proposed activity number (exclude engineering, planning, and administration).
3. List number of **White** persons benefiting. (A person having origins in any of the original people of Europe, North Africa, or the Middle East)
4. List number of **Black/African American** persons benefiting. (A person having origins in any of the **black** racial groups of Africa.
5. List number of **Asian** persons benefiting. (A person having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
6. List number of **American Indian/Alaskan Native** persons benefiting. (A person having origins in any of the original peoples of North, Central and South America and who maintain tribal affiliation or community attachment.)
7. List number of **Native Hawaiian/Other Pacific Islander** persons benefiting. (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
8. List number of **American Indian/Alaskan Native & Other** persons benefiting.
9. List number of **Asian & White** persons benefiting.
10. List number of **Black/African American & White** persons benefiting.
11. List number of **American Indian/Alaskan Native & Black/African American** persons benefiting.
12. List number of **Other Multi-Racial** persons benefiting.
13. Add together and **total** the number of beneficiaries for all races for an activity and enter the number in the total space.
14. List number of **Hispanic** persons benefiting. (A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.). Each person listed in the Total for that race, must be determined to be Hispanic or not. Race is not a factor in this column. Show the number of that race who believe themselves to be Hispanic.
15. Show the Total of all Hispanic persons.
16. List number of **female head of households** benefiting.
17. List number and percent of **extremely low income** persons benefiting (0% to 30% of median).
18. List number and percent of **very low income** persons benefiting (31% to 50% of median).
19. List number and percent of **low income** persons benefiting (51% to 80% of median).
20. Add 17, 18, and 19 together and show the total number and percentage of LMI persons.
21. List number of persons who are not low to moderate income (above 81% of median).
22. List all sources of funding (CDBG, HOME, ESG, HOPWA, ARC, etc) and amount of funds to be expended by **project activity**.
23. Complete as many sections as necessary to report beneficiaries for all CDBG funded project activities.

***Please complete this page in addition to the CERF Reimbursement Spreadsheet***

<https://kydlgweb.ky.gov/Documents/CDBG_cities/CERFprojectsummarysheet112310final.xls>

|  |  |
| --- | --- |
| **Vender Name:**       | **Invoice Amount:**       |
| **Description of Work:**       |

|  |  |
| --- | --- |
| **Vender Name:**       | **Invoice Amount:**       |
| **Description of Work:**       |

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| **Vender Name:**       | **Invoice Amount:**       |
| **Description of Work:**       |

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| **Vender Name:**       | **Invoice Amount:**       |
| **Description of Work:**       |

|  |  |
| --- | --- |
| **Vender Name:**       | **Invoice Amount:**       |
| **Description of Work:**       |

**Please duplicate form if additional space is required.**

**INSTRUCTIONS**

This form is used to define your community’s overall housing and community development needs. All questions in each category must be answered even if your project is not designed to specifically address that category. All questions must be answered in respect to the entire jurisdiction of the applicant(s), not just the project area.

1. **ECONOMIC DEVELOPMENT**
2. Describe the overall economic development needs.

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| --- |
|       |

 Source/Rationale

|  |
| --- |
|       |

1. Describe the overall economic development needs specific to LMI residents.

|  |
| --- |
|       |

 Source/Rationale

|  |
| --- |
|       |

1. Describe the community’s goals (methods for meeting needs) projected for three years.

|  |
| --- |
|       |

1. Describe the relationship of the proposed project to the stated economic development goals.

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1. **HOUSING**
2. Describe the overall housing needs.

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|       |

 Source/Rationale

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|       |

1. Describe the overall housing needs specific to LMI residents.

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| --- |
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 Source/Rationale

|  |
| --- |
|       |

1. Describe the community’s goals (methods for meeting needs) projected for three years.

|  |
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|       |

1. Describe the relationship of the proposed project to the stated housing goals.

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|       |

1. **PUBLIC FACILITIES**
2. Describe the overall public facilities needs.

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|       |

 Source/Rationale

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| --- |
|       |

1. Describe the overall public facilities needs specific to LMI residents.

|  |
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 Source/Rationale

|  |
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|       |

1. Describe the community’s goals (methods for meeting needs) projected for three years.

|  |
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|       |

1. Describe the relationship of the proposed project to the stated public facilities goals.

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Form Approved

OMB No.2506-0043

|  |
| --- |
| U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENTINSTRUCTIONS FOR COMPLIANCE WITH TITLE VIOF THE CIVIL RIGHTS ACT OF 1964Title VI of the Civil Rights Act of 1964 states“No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”Section 1.4(b) (2) (i) of the regulations of the Department of Housing and Urban Development issued pursuant to Title VI requires that:“A recipient, in determining the types of housing, accommodations, facilities, services, financial aid, or other benefits which will be provided under any such program or activity, or the class of persons to whom, or the situations in which, such housing, accommodations, facilities, services, financial aid, or other benefits will be provided under any such program or activity, or the class of persons to be afforded an opportunity to participate in any such program or activity, may not, directly or through contractual or other arrangements, utilize criteria or other methods of administration which have the effect of subjecting persons to discrimination because of their race, color, or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program or activity as respect to persons of a particular race, color, or national origin.”As evidence of compliance with the above, the applicant shall provide the information as requested in a, b, c, and/or d below, as appropriate, to supplement the data relative to the locations of concentration of minority groups and proposed activities shown on the map submitted as part of the application. Additional pages should be used, if necessary. If there are no minorities in the community, check here [ ]  and disregard questions a through d.  |
| 1. IDENTIFY THE MINORITY GROUP(S) POPULATION OR PORTION THEREOF, RESIDING IN THE APPLICANT’S JURISDICTION THAT WILL NOT BE SERVICED BY ONE OR MORE OF THE PROPOSED ACTIVITIES

HUD-7089(6-78)Page 1 of 2 pages      |

|  |
| --- |
| 1. EXPLAIN WHETHER THE MINORITY GROUP POPULATION, OR PORTION THEREOF, NOT SERVICED BY THE PROPOSED ACTIVITY (IES) ALREADY RECEIVES SUCH SERVICE. IF SO, DEFINE THE EXTENT OF EACH OF THESE EXISTING SERVICES AND INDICATE WHETHER THEY ARE EQUAL TO, GREATER THAN OR LESS THAN THE PROPOSED ACTIVITY(IES) RELATIVE TO THE LEVEL AND QUALITY OF SERVICES TO BE PROVIDED.

      |
| 1. IF THE MINORITY GROUP POPULATION, OR PORTION THEREOF, DOES NOT RECEIVE SUCH SERVICE(S) NOW AND WILL NOT RECEIVE THE BENEFIT OF THE PROPOSED ACTIVITY(IES), INDICATE THE APPROPRIATE TIME SUCH SERVICE(S) WILL BE PROVIDED TO SUCH RESIDENTS.

      |
| 1. IN THE EVENT NO FUTURE SERVICE(S) IS PLANNED FOR THE MINORITY GROUP POPULATION OR PORTION THEREOF, PROVIDE A STATEMENT OF THE REASONS WHY.

      |
| The phrase “minority group” as used herein, refers to Black, not of Hispanic Origin; Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture regardless of race); Asian or Pacific Islander; American Indian or Alaska Native.Signature, Chief Executive OfficerHUD-7089(6-78)Page 2 of 2 pages |

**Statement of Assurances**

The applicant hereby assures and certifies that:

(a) It possesses legal authority to apply for the grant, and to execute the proposed program, shall abide by all federal and state laws, executive orders, and regulations, including, but not limited to, those items listed in this section.

(b) Its governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the applicant's chief executive officer to act in connection with the application and to provide such additional information as may be required.

(c) It has complied with all the requirements of Executive Order 12372 and that either:

(1) Any comments and recommendations made by or through clearinghouses are attached and have been considered prior to submission of the application; or

(2) The required procedures have been followed and no comments or recommendations have been received prior to submission of the application.

(d) It will facilitate citizen participation.

(1) Providing adequate notices for one or more public hearings, specifically to persons of low and moderate income;

(2) Holding one or more hearings at times and locations convenient to potential beneficiaries, convenient to the handicapped, and meeting needs of non-English speaking residents;

(3) Providing citizens information concerning the amount of funds available for proposed community development activities and the range of those activities;

(4) Providing citizens with information concerning the estimated amount of funds that will benefit persons of low and moderate income;

(5) Furnishing citizens with the plans made to minimize the displacement of persons and to assist persons actually displaced as a result of grant activities;

(6) Providing citizens with reasonable notice of substantial changes proposed in the use of grant funds and providing opportunity for public comment;

(7) Providing citizens with reasonable access to records regarding the past use of CDBG funds received; and

(e) It will comply with the regulations, policies, guidelines and requirements of the OMB Super Circular and the "Common Rule," 24 CFR, Part 85 as they relate to the application, acceptance, and use of Federal funds under this document.

(f) It will comply with:

(1) Section 110 of the Housing and Community Development Act of 1974, as amended, 24 CFR 570.603, and State regulations regarding the administration and enforcement of labor standards;

(2) The provisions of the Davis-Bacon Act (40 U.S.C. S 276a-5) with respect to prevailing wage rates;

(3) Contract Work Hours and Safety Standards Act of 1962, 40 U.S.C. 327 et. seq., requiring that mechanics and laborers (including watchmen and guards) employed on federally assisted contracts be paid wages of not less than one and one-half times their basic wage rates for all hours worked in excess of forty in a work-week;

(4) Federal Fair Labor Standards Act, 29 U.S.C.S 102/et. seq., requiring that covered employees be paid at least the minimum prescribed wage, and also that they be paid one and one-half times their basic wage rate for all hours worked in excess of the prescribed work-week;

(5) Anti-Kickback (Copeland) Act of 1934, 18 U.S.C.S 874 and 40 U.S.C.S 276c, which outlaws and prescribes penalties for "kickbacks" of wages in federally financed or assisted construction activities; and

(6) KRS 337, with respect to Kentucky Prevailing Wage Rates and labor standards.

(g) It will comply with all requirements imposed by the State concerning special requirements of law, program requirements, and other administrative requirements.

(h) It will comply with:

Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), and the regulations issued pursuant thereto (24 CFR Part 1), which provides that no person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and will immediately take any measures necessary to effectuate this assurance. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended, or for another purpose involving the provision of similar services or benefits;

(i) It will to the greatest extent practicable under State law, comply with Sections 301 and 302 of Title III (Uniform Real Property Acquisition Policy) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended with the final rule published February 3, 2005, and will comply with Sections 303 and 304 of Title III, and HUD implementing instructions at 24 CFR Part 42.

(j) It will:

1. Comply with Title II (Uniform Relocation Assistance) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and HUD implementing regulations at 24 CFR Part 42 and 24 CFR 570.606;

(2) Provide relocation payments and offer relocation assistance as described in the Uniform Relocation Assistance Act of 1970, as amended, to all persons displaced as a result of acquisition of real property for an activity assisted under the Community Development Block Grant program. Such payments and assistance shall be provided in a fair and consistent and equitable manner that insures that the relocation process does not result in different or separate treatment of such persons on account of race, color, religion, national origin, sex, or source of income; and

(3) Provide for reasonable benefits to any person involuntarily and permanently displaced as a result of the use of grant funds to acquire or substantially rehabilitate property.

(k) It will comply with the provisions of the Hatch Act that limits the political activity of employees.

(l) It will give the State, HUD and the Comptroller General, through any authorized representatives, access to and the right to examine all records, books, papers, or documents related to the grant.

(m) Its chief executive officer or other officer of applicant approved by the State:

1. Consents to assume the status of a responsible Federal official under the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. S 4321 et. seq.) and other provisions of Federal law, as specified in 24 CFR Part 58, which furthers the purposes of NEPA, insofar as the provisions of such Federal law apply to the Kentucky Community Development Block Grant Program; and

(2) Is authorized and consents on behalf of the applicant and himself to accept the jurisdiction of the Federal courts for the purpose of enforcement of his responsibilities as such an official.

(n) It will comply with:

(1) The National Environmental Policy Act of 1969 (42 U.S.C. S 4321 et. seq.) and 24 CFR Part 58, and in connection with its performance of environmental assessments under the National Environmental Policy Act of 1969, comply with Section 106 of the National Historic Preservation Act of 1966 (16 U.S.C. 468), Executive Order 11593, and the Preservation of Archeological and Historical Data Act of 1974 (16 U.S.C. 469a-1, et. seq.) by:

1. Consulting with the State Historic Preservation Officer to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the proposed activity; and

(b) Complying with all requirements established by the State to avoid or mitigate adverse effects upon such properties.

1. Executive Order 11988, Floodplain Management;

(3) Executive Order 11990, Protection of Wetlands;

(4) Section 202(a) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4106) as it relates to the mandatory purchase of flood insurance for identified special flood hazard areas;

(5) The Endangered Species Act of 1973, as amended;

* 1. The Fish and Wildlife Coordination Act of 1958, as amended;

(7) The Wild and Scenic Rivers Act of 1968, as amended;

(8) The Safe Drinking Water Act of 1974, as amended;

(9) The Clean Air Act of 1970, as amended;

1. The Federal Water Pollution Control Act of 1972, as amended;

(11) The Clean Water Act of 1977; and

(12) The Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976.

(o) It will comply with 24 CFR Part 570.489(j) concerning the change of use of real property purchased or improved in whole or in part with CDBG funds.

(p) It will comply with all provisions of Title I of the Housing and Community Development Act of 1974, as amended, as well as with all other applicable State and Federal laws which have not been cited previously.

The applicant hereby certifies that it will comply with the above stated assurances.

Signature, Chief Executive Officer

Name (typed or printed)

Title

Date